



Commonwealth of the Northern Mariana Islands  
 Zoning Office, Caller Box 10007, Saipan, MP 96950  
 Tel. 670-234-9661, E-mail: staff@zoning.gov.mp

## Home Business Application/ Permit

File Number	Received By
Date Received	Date Filed

<b>SITE INFORMATION</b>	
1. Name of Home Business:	
2. Lot Number(s):	
3. Village:	5. Zoning District:
4. Street:	
<b>APPLICANT INFORMATION</b> (use name order: Given Name, Middle Name, Family Name)	
<b>6. Applicant Name:</b>	
Company:	Phone:
Mailing Address:	Fax:
E-mail:	
<b>7. Applicant is (check all that are appropriate)</b>	
Property Owner ___ Lessee ___ Developer ___ Other (describe) _____	
8. Describe the location of the property or provide street address:	
9. Describe the business activities that will take place inside the home or within the boundaries of the lot:	

**RULES AND REGULATIONS OF A HOME BUSINESS ( Section 407, 2008 Saipan Zoning Law ).**

The intent of the “Home Business” section is to allow property owners the chance to use their properties for entrepreneurial endeavors while also ensuring that the character of the home remains residential. In all cases the function of the home as a residential structure supersedes any allowed commercial use. The following rules apply;

1. A home business shall be conducted within the same dwelling unit that is occupied by members of the immediate family.
2. A home business shall employ no more than one outside employee.
3. A home business shall occupy no more than *approximately 25* percent of the entire floor area of the home.
4. A home business shall not alter the exterior of the structure except for play equipment or fencing.
5. A home business shall not affect the general character of the neighborhood.
6. A home business shall not offer specialized service to groups of more than five (5) persons except a home daycare may serve up to six (6) children.
7. A home business shall not conduct sales on the premises. Customer and client contact shall be primarily by telephone or mail. Exceptions to this may include home occupations such as tutoring, teaching, babysitting or personal services which cannot be conducted without personal contact.

**DECLARATION**

(Optional) I designate \_\_\_\_\_ to officially communicate with you with respect to this application.

**Applicant**

I (We) consent to the above rules/regulations of a home-based business and agree to operate our business accordingly. Failure on my/our part to do so may result in revocation of my/our Home Business permit by the Zoning Administrator.

**Lessee or Property Owner**

I declare under the penalty of perjury that I am/We are the owner or lessee of the property under consideration in this application and that the above statements and answers, and the attached documents, are true and correct. If I am/We are not the sole owner of the property, I/We also declare, under the penalty of perjury, that I am/We are acting with the consent of all appropriate owners of the property, including, but not limited to, owners in fee simple, lessees and subleases, joint tenants, tenants in common and any other legally recognized forms of ownership under CNMI law.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name in English

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name in English

**This form has been completed and signed by above authorized representative(s) and shall be considered as a Home Business Permit :** \_\_\_\_\_ **(zoning officer)** \_\_\_\_\_ **(date)**